

IN HONOR OF THE SALVATION
ARMY

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 20, 1999

Mr. KUCINICH. Mr. Speaker, I rise today to honor The Salvation Army's Harbor Light Complex in the Greater Cleveland area on their 50th Anniversary.

The Harbor Light Complex has a strong commitment to helping those in the greater Cleveland area who are less fortunate. Through this institution, programs of Correction, Emergency Sheltering Services, Food Services, New Hope Citadel Corp., Residential Services, as well as Detox & Substance Abuse Programs help people deal with difficulties they face and gives them the courage and the tools to fight through them.

The Harbor Light Complex continues to provide in its historically established tradition the caring services needed to offer comfort, shelter sustenance, education and hope to the Greater Cleveland Community. The Salvation Army's continuing commitment to serving a diverse group of people in need in the Greater Cleveland area, sets an example of how caring individuals can change the world one life at a time.

I would like to recognize the Salvation Army's Harbor Light Complex for 50 years of quality service. They have truly met the needs of those who do not have a voice in our community.

INTRODUCTORY STATEMENT FOR THE HEALTH CARE WORKER NEEDLESTICK PREVENTION ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 20, 1999

Mr. STARK. Mr. Speaker, I am pleased to join with my colleagues, MARGE ROUKEMA, GEORGE MILLER, and ROB ANDREWS to introduce the Health Care Worker Needlestick Prevention Act, a bill to prevent dangerous, costly and preventable needlestick injuries to our nation's health care workers.

For far too long, we have stood by and watched as health care workers suffer needlestick and sharps injuries in our nation's hospitals and health care system. According to a 1997 report by the Occupational Safety & Health Administration (OSHA), approximately 800,000 hospital-based workers are injured annually from accidental needlesticks. Many of those injuries infections from bloodborne diseases, the worst of which include HIV/AIDS, and Hepatitis B & C.

OSHA estimates that approximately 16,000 needlesticks are contaminated by the HIV/AIDS. As of December 1998, the Center for Disease Control (CDC) had documented 54 cases of HIV seroconversions from needlesticks and more than 110 "possible" cases among U.S. healthcare workers. In addition, according to the International Health Care Worker Safety Center at the University of

Virginia, there are an estimated 18 to 35 new occupational HIV infections of health care workers occurring from accidental needlesticks each year.

These injuries are largely preventable through use of newer technologies that use engineering devices to minimize accidental needlesticks. Hundreds of hospitals across the country have already converted to the use of these devices, but there are still thousands that haven't done so. Our legislation would make such safety devices the norm rather than the exception.

The Health Care Worker Needlestick Prevention Act is modeled after a California state law. Last year, California became the first state in the nation to require needlestick protections. The legislation was signed into law by then-Governor Pete Wilson and was endorsed by a wide coalition including the California Health Care Association (the state hospital trade association), Kaiser Permanente, health care workers, and labor unions alike.

The California Occupational Safety and Health Administration (Cal-OSHA) has estimated that each needlestick injury costs between \$2,234 and \$3,832 for treatment, testing, and prophylactic drugs. Cal-OSHA has also estimated that the California safe needles and sharps law, passed last year and effective this August, will save affected businesses and facilities over \$100 million per year in excess of the cost of the new devices. Similar bills are now pending in state legislatures across the country.

While states are stepping to the plate to address this pressing concern, this is a national crisis and it deserves a national solution. The Health Care Worker Needlestick Prevention Act would amend OSHA's bloodborne pathogens standard to require the use of safe needle technology as the means for preventing needlestick injuries. It is a real-life solution that recognizes that these technologies are still not available or appropriate for use in every situation. To that end, it includes an exception process if the device would interfere with patient or worker safety, interfere with the success of a medical procedure, or if no such device is available in the marketplace. It would also require stricter reporting of needlestick injuries and creates a new clearinghouse on safer needle technology within NIOSH (National Institute for Occupational Safety and Health) to collect the data and to assist employers with training curriculum and other advice on available technologies.

We stand here today with broad-based support similar to that which made the California law possible. Our legislation is endorsed by numerous organizations including: the Service Employees International Union; the American Nurses Association; the American Federation of State, County and Municipal Employees; Kaiser Permanente; The Consumer Federation of America; Becton Dickinson, a major medical device manufacturer; and the Emergency Nurses Association, the American Public Health Association, and AIDS Action.

It is time to take the appropriate step of protecting our health care workers. They simply should not be forced to risk their lives while trying to save ours.

Mr. Speaker, I want to especially thank Congresswoman ROUKEMA for her leadership on this issue and urge my colleagues on both

sides of the aisle to join us in support of this crucial effort.

Attached is a more detailed summary of the bill.

HEALTH CARE WORKER NEEDLESTICK PREVENTION ACT OF 1999, INTRODUCED BY REPS.
PETE STARK AND MARGE ROUKEMA

BILL SUMMARY

Purpose: This bill would correct a dangerous problem in today's health care system in which health care workers suffer preventable needlestick injuries because appropriate technologies to prevent such injuries are not being utilized.

The bill would require the use of engineered safety mechanisms for needles and sharps in the health care arena to protect health care workers from life-threatening injuries caused by needlesticks and other sharps injuries.

OSHA Amendment: The bill amends OSHA's bloodborne pathogens standard to require that employers utilize needleless systems and sharps with engineered sharps protections to prevent the spread of bloodborne pathogens in their workplace.

In carrying out this requirement, employers are to work with direct care health care workers who use such devices to ensure the appropriate selection of technology.

Exceptions: Safe needle technology will not be immediately, universally available and appropriate for all uses in the health care arena. Recognizing this fact, the bill provides for an exceptions process if an employer can demonstrate circumstances in which the technology: Does not promote employee safety; interferes with patient safety; interferes with the success of a medical procedure; and is not commercially available in the marketplace.

Exposure Control Plan: Employers would develop written exposure control plans to identify and select existing needleless systems and sharps with engineered sharps protections and other methods of preventing the spread of bloodborne pathogens.

Sharps Injury Log: While we know that more than 800,000 health care workers suffer needlesticks every year, there is currently no uniform collection of data on sharps injuries to enable these incidents to be tracked, learned from, and prevented.

The bill would create a sharps injury log that employers would keep containing detailed information about any sharps injuries that occur.

Training: Employers would be required to adequately train direct care health care workers on the use of needleless technologies and systems with engineered sharps protections.

National Clearinghouse on Safer Needle Technology: The bill would establish a new clearinghouse within the National Institute for Occupational Safety and Health (NIOSH) to collect data on engineered safety technology designed to help prevent the risk of needlesticks and other sharps injuries. NIOSH would have access to the sharps injury logs in order to carry out these duties. The clearinghouse would also create model training curriculum for employers and health care workers. In order to carry out these new tasks, the institute is authorized \$15 million in new funding.

Application to Medicare Hospitals: HHS would promulgate new regulations regarding conditions of participation in Medicare for those hospitals that are not covered by OSHA so that all hospitals across the country would, in effect, be covered by these new bloodborne pathogens requirements.